MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06019

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron
STREET ADDRESS (If rural give location) St. Jeromes Neck

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 11-49

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Dameron, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard L. Barnes

14. MOTHER'S MAIDEN NAME: Elsie M. Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT: Bernard L. Barnes

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature birth (5 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cause undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1949, to June 11, 1949, that deceased was dead when I last saw the deceased alive on arrival at 6 o'clock p.m., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: O J Beary MD (Degree or title) — ADDRESS: Local Register Great Mills Md — DATE SIGNED: 6-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 11-49 — NAME OF CEMETERY OR CREMATORY: Home Garden — LOCATION (City, town, or county) (State): Dameron St Mary's Md

DATE REC'D BY LOCAL REG.: June 11-1949 — REGISTRAR'S SIGNATURE: O J Beary MD

24. FUNERAL DIRECTOR: Bernard L. Barnes — ADDRESS: —

RECEIVED
JUN 15 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06020

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Dameron, Md
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Dameron, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Dunbar (Last) Beal

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 1872

9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Mary's Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Alexander Beal

14. MOTHER'S MAIDEN NAME Lucie Ann Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT Lucie May Dunbar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary sclerosis	4 years
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE P J Beary (Degree or title) M.D. ADDRESS Great Mills Md DATE SIGNED 6-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/13/49 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) Ridge, Md. (State) ~~6-12-49~~

DATE REC'D BY LOCAL REG. June 12, 1949 REGISTRAR'S SIGNATURE P J Beary MD

24. FUNERAL DIRECTOR Robinson Fun'l Home, ADDRESS Leonardtown Md.

RECEIVED
JUN 15 1949
BUREAU V. S.

06021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River, Md.
LENGTH OF STAY (in this place) 17hrs 9min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, US NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Maryland
STREET ADDRESS (If rural give location) Naval Air Station.

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) Madeline (Last) BELISLE

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-11-49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 17 Min. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) NAS, Patuxent River, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edmond Joseph Belisle
14. MOTHER'S MAIDEN NAME Gloria Lorraine CONRAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If year, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT father: Edmond Joseph Belisle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 17hrs 9min

762.5

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Atelectasis of lungs bilateral

159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 34 week's gestation (7 inches long -less then 3 pounds)

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11-49, 1949, to 6-12, 1949, that I last saw the deceased alive on 6-12, 1949, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE J. P. Moran J. P. MORAN (Degree or title) CDR MC USN ADDRESS Dispensary, NAS, Patuxent River, Md. DATE SIGNED 6-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 6-13-49
NAME OF CEMETERY OR CREMATORY To USNH, Bethesda, Md. for autopsy. & disposition
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-13-49
REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS Turned over to: Pathological Dept., Naval Medical School, NNMC, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06022

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall (Rural) — LENGTH OF STAY (in this place) 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Hall Maryland	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha Freeman Johansen	June 2 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	May 7 1884	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife	Home	Maryland St Marys	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Wesley Freeman	Alma Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	F. D. Johansen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal arteriosclerosis	10 years
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1939, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O'Beany	M.D.	Great Mills, Md.	6-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June-4-49	St Michaels	Ridge St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-49	O'Beany M.D.	Jos C. Mattingly	Leonardtown, Md

VS: A15

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06023

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Leonardtown)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Madeline (Middle) Elizabeth (Last) Brown
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-30-1877
9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Rudolph Beck
14. MOTHER'S MAIDEN NAME: Madeline Zink
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lloyd E. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arterio sclerosis	10 years
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1941, to 6-13, 1949, that I last saw the deceased alive on June 12 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE O. J. Beaty M.D. (Degree or title) ADDRESS Great Mills Md DATE SIGNED 6-14-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 6-15-49 NAME OF CEMETERY OR CREMATORY Poplar Hill LOCATION (City, town, or county) Valley Lee (State) Md.

DATE REC'D BY LOCAL REG. 6-14-49 REGISTRAR'S SIGNATURE O. J. Beaty M.D.

24. FUNERAL DIRECTOR C. B. Robinson ADDRESS Leonardtown Md

VS-A15

RECEIVED
JUN 17 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

Evidence for change in age shown on:

FILM No. G 12 JUL -1 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown | LENGTH OF STAY (In this place): 40 mo | HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maddox | STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Fredrick	Carter	June	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	June 29-1922	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver	Truck driver	Maryland St Marys	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert B. Carter	Bertha Ruth Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes Army World war #2	220-16-1923	John L. Chesley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Internal Hemorrhage	30 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gunshot wound	
	(c)	

981
166

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	wound in right Chest	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	right Chest	Red Gate	St Marys	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 19-1949 5:00 P.M.		Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis F Greenwell	Acting Exmr		June 19-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21-1949	Sacred Heart	Bushwood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/49	Carmalein	Jos C. Mattingly	Leonardtown Md

RECEIVED
JUN 22 1949
BUREAU V. S.

06025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
STREET ADDRESS (If rural give location) R.F.D #1

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) E (Last) Ford
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 16-1869
9. AGE last birthday 80 yrs. — If under 1 year: Months 1, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY House Keeper
11. BIRTHPLACE (State or foreign country) Maryland, St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George W. Hayden
14. MOTHER'S MAIDEN NAME Mary Jane Knott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr Grace Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1938, to June 19 1949, that I last saw the deceased alive on June 19, 1949, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis F Greenwell — ADDRESS Leonardtown Md — DATE SIGNED 6-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 21 1949 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) Leonardtown St Marys (State) Md

DATE REC'D BY LOCAL REG. 6/20/49 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Joe C. Mattingley — ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06026

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY St. Marys. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City | LENGTH OF STAY (In this place) Lifetime.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Marys.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville
STREET ADDRESS (If rural, give location) 29 Adams

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	ANDERSON	CLOVER	JUNE	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	Oct. 24 1912	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRUCK DRIVER	U.S. NAVY	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN I. CLOVER	BESSIE SCOTT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
NO NO	577-05-8081	Samuel Griffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe Hypertension Stenosis	
	(c) Arthritis (Right Hip)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY St Marys River	(CITY OR TOWN) St Marys City	(COUNTY) St Marys	(STATE) Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY June 21 1949	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Was swimming		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Francis F. Brownell (Acting Coro)	Leonardtown Md	6-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 24 1949	Rocky Branch	Sutterlands	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/49	[illegible]	~~[illegible]~~ Jas. L. Smallwood	Leonardtown, Md.

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06027

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural St. Georges Island; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural St. Georges Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Russell (Last) Henderson

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 3, 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Sea food

11. BIRTHPLACE (State or foreign country): St. Georges Island

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Henderson

14. MOTHER'S MAIDEN NAME: Lula V. Tilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Russell Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occulsion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1949, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: P. J. Beane, (Degree or title) M.D. ADDRESS: Great Mills Md DATE SIGNED: June 13-1949

23. BURIAL, CREMATION / REMOVAL (Specify): burial
DATE THEREOF: June 15-1949
NAME OF CEMETERY OR CREMATORY: St. Georges Island Cemetery
LOCATION (City, town, or county) (State): St Georges Island St. Marys Co. Md.

DATE REC'D BY LOCAL REG.: June 13-49
REGISTRAR'S SIGNATURE: P. J. Beany M.D.

24. FUNERAL DIRECTOR: Wm. C. Mattingly Sons, ADDRESS: Leonardtown Md.

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06028

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (in this place) 2 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Horace (Last) Holden
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 12-1924
9. AGE last birthday 24 yrs. If under 1 year Months 8 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY Fireman
11. BIRTHPLACE (State or foreign country) Baltimore Maryland City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Basil Holden
14. MOTHER'S MAIDEN NAME Gertrude Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) w.w 2
16. SOCIAL SECURITY NO. 212-26-3128
17. INFORMANT Charles W. Holden

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Penetrating bullet wound of skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma

976
164c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Power House (CITY OR TOWN) Piney Point (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 8 (Year) 1949 (Hour) 6 p.m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? Suicide with rifle bullet

22. I hereby certify that I attended the deceased from dead when first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE John T. Lane (Degree or title) M.D. ADDRESS Leonardtown, Md DATE SIGNED 6/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 10-1949
NAME OF CEMETERY OR CREMATORY St George
LOCATION (City, town, or county) Valley Lee St Marys (State) Md
DATE REC'D BY LOCAL REG. 6/9/49
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 10 1949
BUREAU V. S.

06029

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Tillie (Middle) Johnson (Last) Jay
4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 15, 1881
9. AGE last birthday 67 yrs. If under 1 year Months 11 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) St Marys Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sr. S. T. Tone
14. MOTHER'S MAIDEN NAME Mary Catherine Chung
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT George Jay.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of liver	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

156
46 f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver and gall bladder
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to June, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD
ADDRESS Great Mills, Md
DATE SIGNED June 5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/6/49
NAME OF CEMETERY OR CREMATORY St. Alaspis (Old)
LOCATION (City, town, or county) (State) near Leonardtown Md.
DATE REC'D BY LOCAL REG. June 5/49
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR Jas C. Mattingley
ADDRESS Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06030

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River, Md.; LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, US NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Maryland
STREET ADDRESS (If rural give location) Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) Daniel; (Last) LANG, Jr.

4. DATE OF DEATH: (Month) 6; (Day) 13; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-14-49

9. AGE last birthday: yrs. If under 1 year: Months 2; Days 29; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Daniel LANG

14. MOTHER'S MAIDEN NAME: Doris Mary GANSERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --; (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation — Interval between onset and death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration - vomitus

921.0
195d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) (COUNTY) (STATE): NAS, Patuxent River, St. Marys, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 13 49 7 A.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Aspiration of vomitus

22. I hereby certify that I attended the deceased from 6-13, 1949, to 6-13-, 1949, that I last saw the deceased alive on 6-13, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. J. COSTIK LTJG MCR USNR Dispensary NAS, Patuxent River Md. 6-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation

DATE THEREOF: 6-14-49

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Cleveland, Ohio

DATE REC'D BY LOCAL REG.: 6/13/49

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: C. B. Robinson

ADDRESS: Leonardtown

RECEIVED
JUN 15 1949
BUREAU V. S.

06031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Massachusetts COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Peabody
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St.Marys Hospital	STREET ADDRESS (If rural, give location): # 20 Orchard Street

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) Helen	(Last) Lindsey	4. DATE OF DEATH	(Month) 6/	(Day) 2/	(Year) 49
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 9/15/1875	9. AGE last birthday: 73 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maine	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME: Alison Folsom	14. MOTHER'S MAIDEN NAME: Mary E. Bruce						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Samuel B. Folsom					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 wks
331 Antecedent cause(s)	(b) Hypertension	?
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 7 55 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mark A. Camalier	MD	Leonardtown	6/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation	DATE: 6/3/49	NAME OF CEMETERY OR CREMATORY:	LOCATION (City, town, or county) (State): Boston, Massachusetts
DATE REC'D BY LOCAL REG.: 6/3/49	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR: P.B.Robinson	ADDRESS: Leonardtown, Md.

M

I

VS. A15

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06032

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Linus (Last) Robinson

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/9/1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: P.B.Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 6 months

420.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1948, to June 15 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 2.30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.J.Beaury M.D. Great Mills Md. 6-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 6/18/49 | NAME OF CEMETERY OR CREMATORY: St. Michaels | LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REG. 6-18-49 | REGISTRAR'S SIGNATURE P.J.Beaury M.D.

24. FUNERAL DIRECTOR: P.B.Robinson ADDRESS: Leonardtown, Md.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06033

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St George Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Georges Island
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) Elizabeth (Last) Robrecht

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 22-1866
9. AGE last birthday 83 yrs. If under 1 year Months 3 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. S.

13. FATHER'S NAME Frank Potter
14. MOTHER'S MAIDEN NAME Elizabeth Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Gracia Deagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 mos.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1949, to June 30, 1949, that I last saw the deceased alive on 6/30, 1949, and that death occurred at 2.00 p.m., from the causes and on the date stated above.

SIGNATURE E. X. Thompson (Degree or title) MD. ADDRESS Lexington Park DATE SIGNED MD.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2-1949
NAME OF CEMETERY OR CREMATORY St Francis Xaw
LOCATION (City, town, or county) St Georges Island (State) St Marys MD

DATE REC'D BY LOCAL REG. 7/1/49
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

06034

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 61 Rennel ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) (Last) Slocum

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH Sept 14-1873
9. AGE last birthday 75 yrs. If under 1 year Months 9 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Blower
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Illinois Pontiac
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Slocum
14. MOTHER'S MAIDEN NAME Suzanne Slocum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Dorothy Farmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalised & cerebral arteriosclerosis	several yrs.
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1948, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949, and that death occurred at 7.23 p.m., from the causes and on the date stated above.

SIGNATURE Robert V. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 6/16/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 17-49
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) (State) Caloforniee St Marys MD

DATE REC'D BY LOCAL REG. 6/16/49
REGISTRAR'S SIGNATURE Cornelius
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

06035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys County, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N.A.S., Patuxent River
LENGTH OF STAY (in this place) One day (1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N.A.S., Patuxent River, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) SPEIRS

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949

5. SEX Male

6. COLOR OR RACE White - US

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH 10 June 1949

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 22 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Carl Lee SPEIRS

14. MOTHER'S MAIDEN NAME Edwina Earlene Whiddon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Father: Carl Lee SPEIRS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

776

159

INTERVAL BETWEEN ONSET AND DEATH 22 hrs.55min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 30 to 32 weeks gestation

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 June, 1949, to 11 June, 1949, that I last saw the deceased alive on 11 June, 1949, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

SIGNATURE J. P. Moran (Degree or title) J. P. MORAN, Commander, Medical Corps, U.S.N.

ADDRESS Dispensary, U.S.Naval Air Station Patuxent River, Md.

DATE SIGNED 11 June 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6/13/49

NAME OF CEMETERY OR CREMATORY Poplar Hill

LOCATION (City, town, or county) Valley Lee (State)

DATE REC'D BY LOCAL REG. 6/13/49

REGISTRAR'S SIGNATURE Carnalis

24. FUNERAL DIRECTOR P. B. Robinson

ADDRESS Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 1949
BUREAU V. S.

06036

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Leonardtown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Boy (Last) Stanton

4. DATE OF DEATH: (Month) 6/ (Day) 30 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/28/49

9. AGE last birthday: yrs. | If under 1 year: Months. 1 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ralph E. Stanton

14. MOTHER'S MAIDEN NAME: Margaret Greenwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ralph E. Stanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial Hemorrhage — ca 8 hours.

7600 Antecedent cause(s)

160a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1949, to 6/30, 1949, that I last saw the deceased alive on 6/30, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Fuchs, M.D. ADDRESS Leonardtown, Md. DATE SIGNED 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/30/49 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) (State) Hollywood, Md.

DATE REC'D BY LOCAL REG. 6/30/49 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

RECEIVED
JUL 5 1949
BUREAU V. S.

06037

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location) 46 Rennell Ave

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Elizabeth (Last) Swigert

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH June 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Indian
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Bolinger
14. MOTHER'S MAIDEN NAME Mary Neville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Richard Scholl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Gall Bladder. — 1 year

(c)

155
46 f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 5-30-49
19b. MAJOR FINDINGS OF OPERATION Carcinoma Gall Bladder. generalized metastases.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1946 to June 16, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 10.06 p.m., from the causes and on the date stated above.

SIGNATURE Wm H Patrick MD (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 6-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 20-1949
NAME OF CEMETERY OR CREMATORY Green Lawn
LOCATION (City, town, or county) Akron (State) Ohio

DATE REC'D BY LOCAL REG. 6/17/49
REGISTRAR'S SIGNATURE Carmalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 20 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06038

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Hollywood — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Hollywood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Katie (Middle) M. (Last) Tucker	4. DATE OF DEATH (Month) 6/ (Day) 22/ (Year) 1949
5. SEX female — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6/9/1889 — 9. AGE last birthday 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Marcellus Gatton	14. MOTHER'S MAIDEN NAME Elizabeth Magill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give [illegible] or dates of service) — 16. SOCIAL SECURITY No. none	17. INFORMANT Charles M. Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma of Lives

M5 Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomata of ovary and uterus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shawn A. Carnelia	MD	Leonardtown Md	6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 6/25/49	NAME OF CEMETERY OR CREMATORY Joy Chapel	LOCATION (City, town, or county) (State) Hollywood, Md.
DATE REC'D BY LOCAL REG. 6/23/49	REGISTRAR'S SIGNATURE Carnelia	24. FUNERAL DIRECTOR P.B.ROBINSON	ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 25 1949
BUREAU V. S.

06039

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 235.4 mi N. Mos
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Air Station Patuxent Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dist Washington
STREET ADDRESS 23 Galveston Pl. SW. Apt D

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) Harold (Last) Wold
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-23-1917
9. AGE last birthday 31 yrs. If under 1 year Months 8 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes Oct 1936 (If yes, give war or dates of service) to present
16. SOCIAL SECURITY NO. —
17. INFORMANT US Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 Immediate cause (a) Cerebral injuries due to Comminuted Fract. of Skull

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to automobile accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage Intracranial Traumatism

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 235 (CITY OR TOWN) near Hollywood (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) 6 (Day) 21 (Year) 49 (Hour) 1:40 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held in Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Francis F. Greenwell (Degree or title) MD Acting Edmr ADDRESS Leonardtown Md. DATE SIGNED 6-21-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-23-49 NAME OF CEMETERY OR CREMATORY Fort Rosecrans LOCATION (City, town, or county) San Diego, (State) California

DATE REC'D BY LOCAL REG. 6/23/49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR P B Robinson, ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1949
BUREAU V. S.